



## Complete Summary

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### TITLE

Radiology: percentage of patients undergoing diagnostic mammograms that are classified as "suspicious" or "highly suggestive of malignancy" with documentation of direct communication of findings from the diagnostic mammogram to the patient within 5 business days of exam interpretation.

### SOURCE(S)

American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2009 Feb. 42 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients undergoing diagnostic mammograms that are classified as "suspicious" or "highly suggestive of malignancy" with documentation of direct communication of findings from the diagnostic mammogram to the patient within 5 business days of exam interpretation.

### RATIONALE

As evidenced by malpractice claims research, failure to appropriately communicate findings is a common complaint against radiologists. A 2002 survey analyzing breast cancer malpractice claims found that 28% of them resulted from

a delay in diagnosis stemming from some type of communication breakdown. Of those claims, "no direct contact was made for urgent or significant unexpected findings 71% of the time and there was a failure to document attempts to communicate 90% of the time." In order to prevent delays in patient care, this measure calls for direct communication within 5 business days - beyond that required by the Mammography Quality Standards Act.\*

\*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

The facility shall send or give directly to all patients a written summary, in lay terms, of the results of the study no later than 30 days from the date of the mammographic examination. If assessments are "suspicious" or "highly suggestive of malignancy" the facility shall make reasonable attempts to ensure that the results are communicated to the patient as soon as possible. (American College of Radiology [ACR])

For self-referred patients (patients who do not name a healthcare provider) the facility must send or directly give the patient the actual mammographic report and a summary in lay terms no later than 30 days from the date of the mammographic examination. Facilities must also have a system to refer such patients to a healthcare provider when clinically indicated. Reports in the categories of "needs additional imaging evaluation," "probably benign, short-interval follow-up," "suspicious abnormality," or "highly suggestive of malignancy" should be communicated as soon as possible to the self-referred patient. (ACR)

In order to meet the requirements for providing lay summaries and mammography reports, facilities can...

Demonstrate that the facility is notifying patients and healthcare providers of positive examinations as soon as possible (as guidance, within 5 and 3 business days respectively). In the case of verbal communication, this may be done by documenting such communication in the mammography report or in logs. (Food and Drug Administration [FDA])

## **PRIMARY CLINICAL COMPONENT**

Diagnostic mammography; classified as "suspicious" or "highly suggestive of malignancy"; communication of suspicious findings

## **DENOMINATOR DESCRIPTION**

All patients undergoing diagnostic mammograms that are classified as "suspicious" or "highly suggestive of malignancy" (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients with documentation of direct communication of findings from the diagnostic mammogram to the patient within 5 business days of exam interpretation (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

## **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Kushner DC, Lucey LL, American College of Radiology. Diagnostic radiology reporting and communication: the ACR guideline. J Am Coll Radiol 2005 Jan;2(1):15-21. [PubMed](#)

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Ancillary Services  
Hospitals  
Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

All patients, regardless of age

### TARGET POPULATION GENDER

Either male or female

## **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

#### **INCIDENCE/PREVALENCE**

Unspecified

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

#### **IOM CARE NEED**

Staying Healthy

#### **IOM DOMAIN**

Effectiveness  
Timeliness

### **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

All patients undergoing diagnostic mammograms that are classified as "suspicious" or "highly suggestive of malignancy"

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients undergoing diagnostic mammograms that are classified as "suspicious" or "highly suggestive of malignancy"

Definition of "suspicious" or "highly suggestive of malignancy" classification: Mammography Quality Standards Act (MQSA) final assessment category of "suspicious" or "highly suggestive of malignancy"; Breast Imaging Reporting and Data System (BI-RADS®) category 4 or 5; or FDA-approved equivalent assessment categories.

### **Exclusions**

None

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Diagnostic Evaluation  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients with documentation of direct communication of findings from the diagnostic mammogram to the patient within 5 business days of exam interpretation\*

\*Direct communication is defined as communication by the diagnostic imager or a designee to the patient with confirmed receipt of the findings (either by fax confirmation, verbal communication, or certified letter).

### **Exclusions**

None

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### **NUMERATOR TIME WINDOW**

Fixed time period

#### **DATA SOURCE**

Administrative data  
Medical record

#### **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

#### **PRE-EXISTING INSTRUMENT USED**

Unspecified

### **Computation of the Measure**

#### **SCORING**

Rate

#### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

#### **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

#### **STANDARD OF COMPARISON**

Internal time comparison

### **Evaluation of Measure Properties**

#### **EXTENT OF MEASURE TESTING**

Unspecified

### **Identifying Information**

#### **ORIGINAL TITLE**

Measure #5: communication of suspicious findings from the diagnostic mammogram to the patient.

## **MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

## **MEASURE SET NAME**

[Radiology Physician Performance Measurement Set](#)

## **SUBMITTER**

American Medical Association on behalf of the American College of Radiology, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance

## **DEVELOPER**

American College of Radiology  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

**INCLUDED IN**

Ambulatory Care Quality Alliance

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2007 Oct

**REVISION DATE**

2009 Feb

**MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 42 p.

**SOURCE(S)**

American College of Radiology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Radiology physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2009 Feb. 42 p.

**MEASURE AVAILABILITY**

The individual measure, "Measure #5: Communication of Suspicious Findings from the Diagnostic Mammogram to the Patient," is published in the "Radiology Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

**NQMC STATUS**



This NQMC summary was completed by ECRI Institute on February 1, 2008. The information was verified by the measure developer on April 10, 2008. This NQMC summary was updated by ECRI Institute on April 23, 2009. The information was verified by the measure developer on September 16, 2009.

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Date Modified: 11/23/2009

